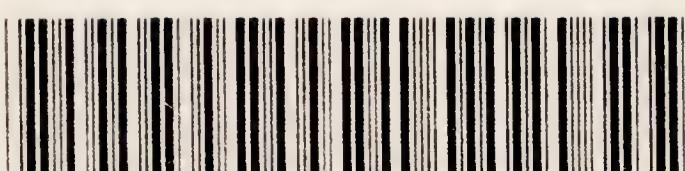


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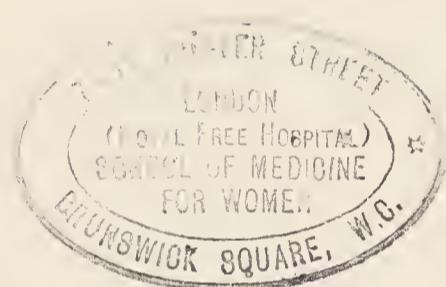
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## APPENDIX XIV.

TO THE

SECOND EDITION

OF THE

DESCRIPTIVE CATALOGUE

OF THE

PATHOLOGICAL SPECIMENS

CONTAINED IN

THE MUSEUM

OF

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

BY

SAMUEL G. SHATTOCK,  
PATHOLOGICAL CURATOR OF THE MUSEUM.



London:

PRINTED FOR THE COLLEGE;

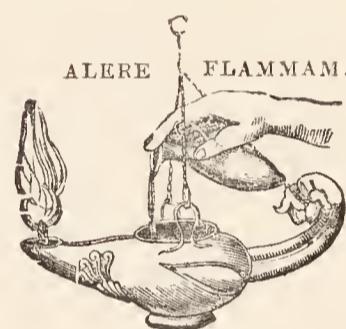
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## P R E F A C E.



THIS Appendix contains descriptions of the Pathological Specimens added to the Museum during the year ending July 1st, 1900.

SAMUEL G. SHATTOCK.

July 1900.



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## APPENDIX XIV.

TO THE

## PATHOLOGICAL CATALOGUE.

---

**87 F.** The detached scalp of a girl whose hair was caught in some revolving machinery.

*Presented by F. Treves, Esq., 1900.*

**88 A.** The shell of a Pearl-Oyster (*Meleagrina margaritifera*) showing islands of nacre in the hinge-ligament, the result possibly of traumatic displacement of cells.

From Torres Straits. Trans. Path. Soc. vol. li.

*Presented by C. G. Seligmann, Esq., 1900.*

**256 K.** An oval dermoid cyst, an inch and a quarter in chief diameter, which was removed entire from the mouth of a girl.

The cyst projected partly into the floor of the mouth, partly beneath the lower jaw, and was removed through the mouth; it lay above the mylo-hyoid muscle.

A swelling had been noticed one and a half years; this had of late increased more rapidly.

*Presented by E. Owen, Esq., 1900.*

**268 A.** Half of a small epidermal cyst from the palm, which grew after an injury leading to cell-implantation. The cyst lies altogether beneath, and separated by the fibrous

tissue of the corium from, the general epidermis. It has an ill-defined wall of fibrous tissue, not differentiated in its more superficial or uppermost part from that of the corium.

The cyst was removed from the palm of a woman aged fifty, who three years previously had run a pin into the part; the wound bled, and a week or two afterwards a small swelling appeared which slowly increased in size.

S. G. Shattock. *Trans. Path. Soc. vol. li. p. 64.*

*Presented by E. C. Stabb, Esq., 1900.*

**372 B.** Half of a firm fibromatous tumour about two and a half inches in diameter, which was removed from over Scarpa's triangle of the left side. On the superficial aspect the growth involves the skin, from which structure it has possibly originated.

From a woman, æt. 40, in whom the tumour had been growing for eight years, and was attributed by the patient to the pressure of a stay "bone" which had slipped down and pressed on the thigh whilst sitting.

*Presented by St. Thomas's Hospital, 1900.*

**373 D.** A pendulous soft fibroma of flattened oval form, which was removed from the abdominal wall. The growth measures about five inches in chief diameter and was attached between the ensiform cartilage and umbilicus.

From a woman, æt. 23, in whom the tumour was present at birth and had gradually increased to the size of a walnut during the patient's childhood, afterwards remaining fairly stationary until the time of puberty. Numerous similar growths of much smaller size, intermixed with small nævoid patches, were scattered over the trunk. The patient had always enjoyed good general health.

*Presented by W. A. Meredith, Esq., 1900.*

**409 E.** The chief part of a left gracilis which was successfully excised for an extensive angioma, limited to the muscle; in two situations the vessels are dilated into spherical cavities an inch and a half in diameter. The clotting of

the blood contained in the several vessels occurred after the removal of the tumour.

From an unmarried lady, æt. 22, who had noticed a swelling about the size of a pigeon's egg in the left thigh for seven years. In the summer of 1898 it commenced to increase and caused pain after exercise.

During life an elongated, lobular, compressible swelling was apparent, accompanied with a well-marked venous hum and thrill; the sounds were accentuated by pressure in the situation of the saphenous opening. Angeioma was diagnosed, the swelling being thought most probably beneath the gracilis. On exposure the new formation was found to be in the muscle, the entire length of which was accordingly excised. At the upper end of the wound, two large veins connected with the femoral, and one fairly large artery, apparently a branch of the internal circumflex, required ligature; at the lower end there were none.

Recovery was uninterrupted and complete.

*Presented by C. Stonham, Esq., 1900.*

**432 b.** Portion of the head of a child at birth. The left orbit is filled with a prominent tumour which has displaced the globe downwards and forwards behind the lower lid, but nowhere protrudes through the palpebral fissure. The growth is histologically a lymphoma.

The child was still-born. No history was forthcoming with the specimen.

*Presented by J. Bland-Sutton, Esq., 1900.*

**443 c.** The head of a Fowl. On the vertex of the skull, but not involving the bone, there has grown a circumscribed somewhat lobulated formation which histologically is a fibro-sarcoma. The bird was otherwise healthy.

*Presented by P. Dunn, Esq., 1900.*

**541 b.** A vertical section of the head of a male child, five weeks of age. From the palate, the posterior part of which is cleft, there hangs an elongated growth about three-quarters of an inch in length, which is invested with true skin bearing hairs, and consists internally of mucous tissue. In front of it there is an abnormal tooth, but whether

pertaining to the tumour, or a misplaced supernumerary one, is not clear.

When the tongue was protruded the growth appeared with it. Death occurred from marasmus.

*Presented by J. Bland-Sutton, Esq., 1900.*

**578 A.** The biceps humeri muscles of a Negro. That of the left side is adaptively shortened by one-half, as a result of the diminished length of the humerus which followed in the repair of an oblique fracture. The fracture was sustained when the patient was about thirty years of age, and some years before he died. The specimen is described, with remarks, by Sir Everard Home in his Lectures on Comparative Anatomy, 1814, p. 41.

Transferred from the Physiological Series, in which its number (in the first edition of the Catalogue) was 34.

1900.

**599 A.** The right forearm and hand of a Chimpanzee. The tendons of the flexor profundus digitorum have been ruptured near their insertions into the terminal phalanges, in connection with which short portions remain. The other ends have been retracted as far as the bases of the digits, and are smoothly rounded. The tendon of the index is tied in a knot around the unruptured tendon of the flexor sublimis, after having been completely withdrawn through the slit in the latter ; this remarkable disposition is precisely that found during the dissection. The opposite hand presented nothing of the same kind. The injury was presumably the result of a violent contraction made to save a fall whilst the terminal phalanges alone supported the animal's weight.

S. G. Shattock. *Trans. Path. Soc.* vol. li.

*College Stores, 1900.*

**827 A.** The left humerus and scapula from a case in which the whole of the upper limb, including the clavicle and scapula,

was successfully amputated for a gun-shot injury. There is an oblique fracture through the upper end of the humerus, and much of the posterior part of the head has been destroyed ; in the body of the scapula is a valve-like fracture due to the oblique passage of the bullet from before backwards ; a short distance from this the flattened Mauser bullet (now fixed to the bone) was found.

The man was struck on the outer side of the deltoid ; the wound was a clean hole which would not have taken more than the point of a pencil. On examination hardly any fragments of bone were found ; they had been practically reduced to powder. The bullet was found close to the vertebral column.

From the seat of war in South Africa, 1899-1900.

British Medical Journal, May 12th, 1900.

*Presented by F. Treves, Esq., 1900.*

**827 b.** A series of rifle bullets from the seat of war in South Africa (1899-1900). Some have been prepared to show the explosive within the cartridge. Two of them exhibit fracture of the harder case or mantle and distortion of the leaden core due to their having struck bone ; the lower of the two caused a fracture of the femur, and was removed from the lower limb of a man shot at the battle of Colenso.

British Medical Journal, May 12th, 1900.

*Presented by F. Treves, Esq., 1900.*

**827 c.** Two of the bullets (and cartridges) such as are fired from the Maxim gun ; together with shrapnel bullets used to fill shell which is arranged to burst by means of a time-fuse.

From the seat of war in South Africa, 1899-1900.

*Presented by F. Treves, Esq., 1900.*

**834 a.** The lower half of a femur, the shaft of which is obliquely fractured, with much comminution, as a result of gun-shot. Through the lower main fragment fissures extend on the

outer side as far as the epiphysial line. The bullet appears to have traversed the bone obliquely from the outer aspect and to have emerged below at the popliteal space, the amount of comminution in the latter situation much exceeding that in the former.

When seen, there was a dark patch of gangrene on the outer side of the leg. The limb was swollen and the wound septic. The man made a good recovery after amputation (the first performed in the hospital after the battle of Colenso).

The femoral artery and vein were found partially divided close to the opening in the adductor magnus, doubtless from the displacement of fractured fragments.

There was no aperture of exit in the limb.

*Presented by Sir William MacCormac, Bart.,  
K.C.V.O., 1900.*

**835 A.** The skull of a Dervish shot at the battle of Omdurman, Sept. 2nd, 1898. In the posterior part of the left parietal bone is a circular aperture  $\frac{4}{10}$ ths inch in diameter caused by a Lee-Metford bullet. The aperture in the internal table is more extensive than that in the external, showing that the bullet entered the skull at this site. Two fissures pass from the aperture to the interparietal suture. The ethmoid is largely wanting, as though the bullet made its exit through the roof of the nasal fossæ. Portions of the mantle of the bullet lay over the aperture in the parietal bone. There is in addition an extensive comminuted fracture of the right parietal and temporal bones occasioned by shell.

*Presented, with the three following specimens, by Major H. E. Hill-Smith, R.A.M.C., Egyptian Army, 1900.*

**835 B.** The skull of a Dervish shot at the battle of Omdurman. In the frontal bone on the right side is an irregular perforation from which extensive fissures pass backwards into the parietal and temporal bones of the same side. Lodged in the brain was the distorted shrapnel bullet now fixed within the skull. 1900.

**835 c.** The skull of a Dervish shot at the battle of Omdurman, Sept. 2nd, 1898. There is a cleanly circular aperture of entry, half an inch in diameter, in the posterior part of the right parietal bone. The loss of substance on the inner aspect slightly exceeds that on the outer. There is an absence of fissuring around, and no aperture of exit, the bullet (Martini-Henry) having apparently lodged within the skull.

1900.

**835 d.** The skull of a Dervish shot at the battle of Omdurman, Sept. 2nd, 1898. The skull has been perforated in the right frontal region, but there is no aperture of exit, the bullet (Martini-Henry) being apparently lodged within the cranial cavity. The aperture of entry is  $\frac{5}{8}$ ths inch in external diameter, its size on the inner aspect being slightly greater. No fissuring has taken place in the bone around.

*Presented, with the three foregoing specimens, by Major H. E. Hill-Smith, R.A.M.C., Egyptian Army, 1900.*

**880 a.** The top of an iron railing which was successfully removed after having transfixed the upper jaw.

From a builder, aet. 41, who fell a distance of twenty-six feet, alighting on an iron railing, the point of one of the rails of which entered just in front of the left ear, and passing through the superior maxillæ emerged through the hard palate of the right side and broke one of the right upper molar teeth. The rail, after transfixing the face in this way, snapped off short, after which the patient fell to the pavement. There was very free bleeding when the foreign body was removed; no pulse could be felt in the left temporal artery, and it appeared certain that the external carotid had been torn across. A loop of catgut was at once placed round the left common carotid, and when drawn upon the bleeding was stayed. After the first twenty-four hours no haemorrhage of any moment occurred. On the fourth day a weak pulse could be detected in the left temporal artery. On the seventh day the catgut loop was removed; the wound healed without complication, and the man left the hospital six weeks after the date of the accident.

*Presented by F. Treves, Esq., 1900.*

**1241 B n.** The left tibia and fibula from a patient affected with osteitis deformans. The tibia is much bent forwards, elongated, and increased in circumference. Large parts of the interior have been removed in the course of the disease. The fibula is quite unaffected.

From a woman, æt. 73, admitted into the Marylebone Infirmary, March 1899. She had been bedridden fifteen years; curvature of the tibia had been in progress for thirty years. The head appeared unnaturally large; the right femur was considerably thickened and curved forwards.

*Presented by J. R. Lunn, Esq., 1900.*

**1586 c.** Half of a large chondroma growing from the body of the left scapula. The tumour has the lobulated construction usual in such tumours, and presents scattered through it small, irregular, opaque, white areas of calcification; the degeneration cyst in its centre held a pint of bloody fluid. A portion of the scapula may be recognised near the upper part.

The parts were successfully removed by operation from a woman, æt. 54. The tumour had been growing for about two years.

*Presented by C. B. Lockwood, Esq., 1900.*

**1657 c.** A vertical section of a left knee-joint. Surrounding the upper end of the tibia and extensively replacing the tissue within it, is a widely extended, lowly lobulated new growth, which is constructed centrally of hyaline cartilage and elsewhere is in various stages of calcification, and admixed with sarcoma tissue.

There is a similar but much smaller growth in the cancellous tissue of the lower end of the femur; and certain pedunculated bodies projecting into the joint have like macroscopic and microscopic structure.

There was a further focus of growth in the lower part of the shaft of the tibia, which showed a uniform tissue of polyhedral cells between which an early degree of calcification had taken place.



*Addendum to Specimen No. 1586 c.*

A recurrence took place eight months later in the rhomboid muscle and axilla. This, like the primary tumour, showed histologically the structure of cartilage. In certain portions of the primary tumour, there were areas suggestive of sarcoma, but not so pronounced as to make the diagnosis of chondro-sarcoma clear.

The limb was amputated from a lady, æt. 74. In the spring of 1899 she noticed that the left knee was gradually swelling; the enlargement was accompanied with pain, especially on movement and at night, so that osteo-arthritis had been in the first instance diagnosed. The swelling continued to increase, and in Oct. 1899 was recognised as sarcomatous. The operation was successful.

S. G. Shattock. *Trans. Path. Soc.* vol. lii.

*Presented by C. Stonham, Esq., 1900.*

**1922 E.** Portion of the lower end of the left femur from a patient whose knee was the seat of tabetic arthropathy. In addition to the periarticular formations of new bone, much of the articular cartilage itself has been replaced by a lowly nodular formation of bone, without destruction having taken place. The osseous tissue is considerably atrophied and infiltrated with fat.

From a woman, æt. 57, who was well until the year 1870, when she noticed weakness in the knees and pricking sensation in the legs. The weakness increased till she was unable to walk or stand. In 1876 she fell down and injured the left knee. In Oct. 1884 the patient began to experience a sense of constriction round the waist, accompanied with deep-seated pain of a boring character in the epigastrium; retching and vomiting of an intermittent kind were present. When admitted into the Marylebone Infirmary, the patient was well-nourished but complained of shooting pains in both legs, and when lying in bed was unable to tell the position of the lower limbs: there was pronounced ataxic gait. There was marked swelling of the whole of the left leg, especially about the knee, but no pitting on pressure. The ends of the bones forming the left knee were enlarged; the left patella, broader than the right, was displaced upwards and outwards. When at rest the left leg was abducted and partially displaced outwards, its movement on the femur being abnormally free and accompanied with coarse grating but no pain. In March 1892 she fractured the left tibia and fibula. Death took place Jan. 1899. The upper extremities were not affected; but there was some swelling of the right knee and grating on movement.

*Presented by J. R. Lunn, Esq., 1900.*

**1922.** A vertical section of a left knee-joint, showing extensive changes such as are associated with tabes.

There is considerable destruction of the articular surfaces associated with periarticular formation of new bone continuous with the bones themselves, and in addition with a

large amount of new osseous formation in connection with the capsule of the joint.

On the front of the femur the formation of cancellous tissue extends for a distance of over three inches, but though lying over the bone it is not continuous with the shaft. There is a similar formation of new bone in discrete mutually adapted nodules in the soft parts behind the articular cavity and about the patella ; in the first-named situation some of the nodules project prominently into the cavity, but none are actually loosened. Neither the compact wall of the femur and tibia nor the cancellous tissue exhibit any signs of atrophy.

The parts were removed after death from a man, æt. 59, admitted into the Bolingbroke Hospital (Wandsworth), March 1899, for a fracture of the right tibia and fibula. Until five years ago he had enjoyed good health, when his left knee first became affected and was now and again the seat of pain. For some time he had been subject to lightning pains in the calves, but there was nothing in the history comparable to crises, and the pupils presented nothing abnormal. About a month before admission he, as he thought, sprained his right ankle ; he kept his bed for a day and afterwards got about with the aid of two sticks till March 18th, when he "ricked" his leg whilst out of doors and was unable to move it : he sent for some crutches and got home. He had noticed two days previously that the leg was swollen and red, and that for four days there had been a sore over the inner malleolus, caused by chafing of his boot. On admission there was found an obvious fracture (oblique) of the right tibia and fibula, about five inches from the lower end. The leg was the seat of considerable œdema, evidently arising from the sore over the outer malleolus, where fluctuation was obtainable. The left knee presented the anatomical characters of Charcot's disease, and was absolutely painless. Amputation was performed on March 30th, 1899 ; death took place on April 8th. Although the condition of the fractured limb was so grave, the patient experienced hardly any pain, the loss of feeling being particularly marked.

*Presented by Thomas Bryant, Esq., 1900.*

1929 A. Two cuneiform, faceted, loose bodies of cancellous bone, the extreme measurement of the larger being about  $1\frac{6}{7}$ ths inch, which were removed from an elbow-joint.

From a man, æt. 39, a fireman, who jerked his arm whilst shovelling coal, three or four days before applying at the Cumberland Infirmary. He was treated for nine weeks with a splint, etc., until grating was felt. An incision was made over the back of the external condyle into the joint, and the two loose bodies removed; one of them was slightly adherent to the capsule of the articulation. The chief difficulty experienced by the patient before the operation was stiffness in the left arm and inability to straighten the elbow. A complete cure resulted.

*Presented by Dr. H. A. Lediard, 1900.*

1949 A. A skull from Benin, the right half of the lower jaw being wanting.

On the left side, the whole of the condyle and neck with the adjoining part of the ramus have been destroyed by a disease similar in its results to osteo-arthritis. The destruction has been accompanied with a considerable increase in the articulating area, not only in the vertical, but also in the transverse direction: in the latter, the articulating surface has a diameter of  $\frac{9}{10}$ ths inch (2.3 cm.); in the former,  $1\frac{3}{10}$ ths inch (3 cm.). Except at the lowest or posterior part, the enlargement of the jaw articulates by suture with the apposed surface of the temporal bone; in the position first indicated synostosis has occurred. The glenoid cavity has not been materially deepened, nor is there any deformity within the skull; the articular area has been extended anteriorly over the adjoining surface of the temporal bone as far almost as the greater wing of the sphenoid.

As a result of the destruction, considerable displacement of the jaw has occurred towards the diseased side, the symphysis lying obliquely to the left of the middle line. The glenoid cavity on the opposite side is normal.

How far the condition may be related to the osteo-arthropathy met with in tabes can only be a matter of conjecture. There are no marks of osteo-arthritis on the occipital condyles.

S. G. Shattock. Trans. Path. Soc. vol. li.

1900.

**2167** E. The tusk of an African Elephant, presenting a marked angular curvature. The pulp-cavity is filled in, and the surface of the tusk in various ways altered from disease ; in places nummular formations and nodules have been produced as a result of alveolar inflammation ; but the most noticeable lesion consists in an extensive, yet generally smooth, depression due apparently to carious destruction or absorption arising from alveolar periostitis.

The curvature may be explained by the dropping of the tusk, loosened by alveolar inflammation, and its subsequent displacement forwards by the process of continuous growth behind.

S. G. Shattock. Trans. Path. Soc. vol. li.

*Presented by S. L. Hinde, Esq., 1900.*

**2197** G. A slice of a dense spheroidal formation of fibrous tissue about four inches in chief diameter, from the maxillary sinus of a Horse. In its centre there is a cavity about an inch and a quarter in diameter which was filled with a soft cheese-like material in which microscopic examination showed an abundant growth of a streptothrix, the species of which did not admit of determination.

The formation arose, probably, in a suppurating cyst connected with the fang of a carious tooth, the contents of the cyst becoming infected from the mouth.

A. G. R. Foulerton. Trans. Path. Soc. vol. li.

*Presented by J. Bland-Sutton, Esq., 1900.*

**2291** E. A pharyngeal pouch which was successfully removed by operation. It measures about an inch and a quarter in depth, and has a wide mouth.

From a gentleman, 62 years of age, who had suffered from the symptoms characteristic of pharyngeal pouch for six or seven years. The operation was carried out from the left side of the neck. The pouch projected from the back of the lowest part of the pharynx.

*Presented by H. T. Butlin, Esq., 1900.*

**2381 B.** An extensive collection of miscellaneous foreign bodies, most of which were successfully removed by gastrotomy from a girl ten years of age.

The patient, a thin pale girl, was seen in July, 1894, on account of gradual failure of health and loss of flesh, accompanied with sickness and vomiting. The vomit consisted of mucus admixed with blood. On August 4th she vomited a garden nail. This gave a clue to the cause of her condition. After abdominal section a hard mass could be felt within the stomach; the latter was opened by a short vertical incision, and the foreign bodies extracted with forceps. The patient was fed with enemata for a week, and afterwards with soft and liquid food for some time. The day after the operation she vomited a small pin, on the following day three garden nails and two tacks, these having probably come from the duodenum, and on the third day a feather. The wound healed by first intention, and convalescence was uninterrupted. Some of the foreign bodies were afterwards passed by the rectum. After recovery the patient confessed to having begun to swallow nails as far back as December 1893.

*Lancet*, 1894, p. 1028.

*Presented by A. W. Mayo Robson, Esq., 1900.*

**2427 G.** A stomach which was excised for diffuse carcinoma of an atypical columnar-celled kind. The whole of the mucosa and submucous tissue are involved in a diffuse carcinomatous growth which has been followed by much contraction of the entire organ, the muscular wall of which is hypertrophied.

The patient was a man, aged 64, complaining of pain and vomiting. The abdominal wall was retracted, and a firm sausage-shaped swelling could be felt in the region of the stomach. After the removal of the organ an endeavour was made to unite the divided end of the oesophagus with the duodenum, but owing to the carcinomatous infiltration of the former, the Murphy's button used for this purpose could not be applied. The oesophagus was therefore closed and the duodenum secured to the abdominal wall. A short while afterwards a preternatural opening into the duodenum was made, feeding being carried on through this. Death took place from cardiac failure.

T. F. Chavasse. *Trans. Path. Soc. vol. 1.*

*Presented by T. F. Chavasse, Esq., 1900.*

**2549 u.** Two portions of small intestine from Dogs, showing the results of an experimental end-to-end union which was carried out with the aid of Laplace's forceps.

In the case of the upper of the specimens, an interval of fourteen days was allowed to elapse between the operation and the date at which the animal was killed.

In the lower specimen the interval was twenty-one days.

The upper or gastric end in each specimen is distinguished by being divided obliquely to the long axis of the bowel.

*Lancet*, April 14th, 1900.

*Presented by W. Edmunds, Esq., and  
E. C. Stabb, Esq., 1900.*

**2549 v.** Two portions of small intestine from Dogs, showing the results of experimental end-to-end union which was carried out with the aid of Laplace's forceps.

In the case of the upper specimen, an interval of twenty-five days was allowed to elapse between the operation and the date at which the animal was killed.

In the case of the lower, the interval was forty-two days.

The upper or gastric end in each specimen is distinguished by being divided obliquely to the long axis of the bowel.

*Lancet*, April 14th, 1900.

*Presented by W. Edmunds, Esq., and  
E. C. Stabb, Esq., 1900.*

**A 2529.** A somewhat oval, lobulated lipoma, three inches in extreme diameter, which grew from the submucous tissue of the colon about two inches above the ileo-cæcal valve. The mucosa over the portion of the tumour which projected into the bowel has been destroyed by ulceration, the growth being here exposed and superficially necrosed.

The tumour was successfully removed by enterectomy from a gentleman forty-four years of age, who had suffered from attacks of acute intestinal obstruction.

*Presented by J. Bland-Sutton, Esq., 1900.*

**2559** c. A vermiform appendix in which there is lodged a pin, an inch and a quarter in length. The foreign body lies with its head against the distal end of the appendix, the surrounding walls of which are somewhat thickened.

The part was removed, after death, from the body of a young man who died of gangrene in the lung. The foreign body had produced no symptoms during life.

*Presented by Dr. H. A. Lediard, 1900.*

**A 2754.** Portion of the liver of a Cow in which there are several somewhat circular areas, about three-quarters of an inch in diameter, in which the hepatic tissue is bloodless and necrosed. A larger, more central mass has resulted from the confluence of lesser. The necrosis is bacterial in the sense of being due to bacterial infection ; the etiology was not determined beyond the fact that it is not tubercular.

*Presented by Prof. John McFadyean,  
Royal Veterinary College, 1900.*

**2889** a. Portion of a spleen from a man, æt. 58, who died of carcinoma of the œsophagus. Near the surface are two spherical secondary growths of squamous-celled carcinoma. There were other metastatic growths in the liver and kidneys. *Presented by St. Bartholomew's Hospital, 1900.*

**A 2933.** The atrophied heart of a woman who died from marasmus after the removal of a foetus from the abdominal cavity (preserved as No. 4710 F). Its weight was exactly five ounces, but it presents no abnormality whatever in structure.

*Presented by Alban Doran, Esq., 1900.*

**3027** b. A heart and pericardium. From the aortic valve there hang large masses of recent vegetations produced in infective endocarditis. Below the left segment of the valve, ulceration and perforation of the wall of the left ventricle has taken place ; a piece of red glass has been passed through the perforation into the pericardial sac. The inner surface

of the pericardium is thinly covered with lymph ; in the recent state the cavity was full of blood-clot and serum.

From a man, æt. 56, admitted to the Greenwich Infirmary, Nov. 2, 1899, suffering from acute pneumonia. The temperature, which was 101° F. on admission, fell during the night to normal, the crisis having apparently been reached. The superficial cardiac dulness was increased both to the right and to the left, while the apex beat was diffuse and feeble ; no abnormal bruit was detected. On the second night after admission, however, the temperature rose to 102° F., falling again to normal in the morning ; the temperature maintained this character to the end. On Nov. 19th the patient grew rather suddenly worse ; the breathing became more embarrassed, no pulse could be detected, and he lost consciousness. This state continued for three days, when death ensued, the temperature at the close rising above 105° F. At the autopsy, no infarcts were found in any of the viscera.

*Presented by W. D. Wiggins, Esq., 1900.*

**3366 A.** Portion of a lung which is almost uniformly strewn with small spherical deeply-pigmented nodules about an eighth of an inch in diameter. The bronchial lymphatic glands are enlarged, and blackened like the lung. Histologically the nodules presented none of the characters of tubercular lesions, nor could any tubercle bacilli be demonstrated in them. Portion of a deeply pigmented cavity is shown in the apex. The pleura is everywhere covered with adhesions ; portions of the parietal layer have been removed with the lung. In addition to the nodular lesions, the lungs presented tracks of fibrous tissue, the alveolar walls on the outskirts of which were thickened and fibrotic.

From a man, æt. 50, a mason, admitted under Mr. H. H. Clutton for tubercular disease of the hip. The joint was excised ; death followed the amputation which was afterwards found necessary. The other viscera except the lungs were healthy.

*Presented by St. Thomas's Hospital, 1900.*

**3436 B.** Portion of a lung, a considerable area of which is solidified from haemorrhagic infarction.

From a man, æt. 46, a gas-stoker, admitted into St. Thomas's Hospital under the care of Dr. Sharkey, Oct. 1899, and who died Dec. 28th. He had enjoyed good health until six months before

admission, when he began to suffer from shortness of breath. When admitted there was mitral and aortic incompetence, with an apical diastolic murmur and general cardiac failure. Attacks of dyspnœa occurred and, towards the end, frequent haemoptysis. After death aortic and valvular disease was found, and associated with this were numerous pulmonary infarcts. There was no history obtainable of previous rheumatic fever.

*Presented by St. Thomas's Hospital, 1900.*

**3447 A.** A much-branched tubular cast of the bronchial tubes, which was expectorated with another of similar kind in a case of plastic bronchitis.

*Presented by Dr. S. J. Sharkey, 1900.*

**A 3519.** The kidney of a child, which was removed during life. In addition to an extensive laceration of its upper part, the ureter has been almost completely torn across.

The injury was occasioned by the child being trampled upon by a horse. The patient was seen twelve hours later. During the excision some urine and blood were found extravasated into the tissues around the organ. Death occurred from shock.

*Presented by E. C. Stabb, Esq., 1900.*

**3645 c.** Urine from a case of albumosuria, in which the amount of albumose present was unusually large. The urine was turbid when passed (Feb. 1898); decomposition has been prevented by the addition of chloroform.

From a patient, *aet. 70*, who died with widespread disease of the bones, apparently of the nature of lymphadenomatosis. The proteid was frequently precipitated spontaneously, the urine being milky when passed. Its most characteristic reactions were precipitation at a temperature below  $60^{\circ}$  C., and by nitric or hydrochloric acid in the cold, the precipitate being soluble on boiling.

Dr. T. R. Bradshaw. *Trans. Path. Soc. vol. li. and Medico-Chir. Trans. vols. lxxxi. & lxxxii.*

*Presented by Dr. T. R. Bradshaw, 1900.*

**3645 d.** Homogentisate of lead, prepared from urine in cases of alcaptonuria. *Presented by Dr. A. E. Garrod, 1900.*

**3705 A.** A somewhat discoidal carcinomatous tumour, about an inch and a half in diameter, which was removed by operation from the urinary bladder, the entire thickness of which it involves. The vesical surface is superficially ulcerated. The growth is of the spheroidal-celled variety ; the most external cells of the cell-groups have in places a palisade arrangement.

From a lady, *aet.* 63. In January 1879 a sudden painless attack of haematuria occurred. A gynaecologist dilated the urethra and scraped away some "villous growth from the base." The haemorrhage continued. Cystoscopy showed in Oct. 1899 a carcinoma on the superior wall of the bladder. The bladder was opened suprapubically, and the growth being single, fairly circumscribed, and indolent, was deemed suitable for removal. On the abdominal cavity being laid open, the peritoneum over the growth was found to be invaded. The parts were removed by a free elliptical incision. The interval in the bladder was closed by suture and the peritoneal cavity shut off. Suprapubic drainage was carried out for a week. The patient was convalescent a month afterwards. Four months later the apex of the bladder was visually examined and found to be free of recurrence.

*Presented by E. H. Fenwick, Esq., 1900.*

**3705 B.** Portion of the wall of a bladder, including its entire thickness, which is extensively infiltrated with a firm ulcerated carcinomatous growth. Histologically the tumour is of the papilliferous type, and the spaces are in parts lined with columnar epithelium : at the advancing border itself the epithelial cells are closely packed, polyhedral, and arranged in comparatively narrow meandering lines.

The parts were removed by operation from a man (J. Leeks), *aet.* 56, a coachman, admitted into the Middlesex Hospital, Oct. 6th, 1899, under the care of Mr. Morris. About six months before admission he had noticed blood in his urine ; this disappeared on rest, and until two weeks ago he had kept at his work. On examination nothing abnormal was discovered in the abdomen, rectum, or penis ; on sounding the bladder an unusual sensation of resistance was felt.

Oct. 11th.—Under an anæsthetic the kidneys were examined by palpation with a negative result ; six ounces of fluid were then injected into the bladder through a catheter, but no calculus or definite growth could be detected by sounding.

Oct. 23rd.—On a bimanual examination, with the finger in the

rectum and hand over the bladder, a swelling was made out on the left side ; this was diagnosed as being either an enlarged vesicula seminalis or a vesical tumour. On the bladder being opened suprapublically a growth was exposed in its posterior wall ; the tumour was hard and irregular, and of about the size of a tomato ; as much as possible was removed by means of forceps. A large drainage-tube was inserted into the bladder and the skin around sutured. The patient temporarily recovered and left the hospital, but returned in November with haematuria and pain. The bladder, having been artificially distended, was exposed and freed in front and at the sides ; the peritoneum was then dissected off the posterior wall and the viscous opened and explored with the finger, the portion involved in the growth being removed with curved scissors. The opening in the bladder was then closed with sutures after a drainage-tube had been inserted.

The patient left the hospital Jan. 8th, 1900, being then able to retain sixteen ounces of urine. He reported himself as quite well on March 2nd, and was passing urine with normal frequency.

*Presented by H. Morris, Esq., 1900.*

**3708 B.** A calculus which was successfully removed from the bladder of a female. It measures two and a quarter inches in the longer vertical diameter, and forms a complete cast of the interior of the viscous ; in the lower posterior part are two deep pits, which indicate the site of the ureters. A section of the calculus showed no foreign body within, but a nucleus of urates of soda and ammonia with phosphate, carbonate and oxalate of lime, the nucleus being thickly encrusted with ammonia-magnesian phosphate.

A weak anaemic woman was admitted into the Indore Hospital on June 1st, 1888, with symptoms of stone in the bladder of three years' standing. She gave her age as thirty, although she looked more like fifty years. During the previous six months she had suffered from constant dribbling of urine, and her life was a burden to her. Next day, having been placed under the influence of chloroform, a stone was found bulging into the vagina. On passing a small steel sound into the urethra it at once impinged on the stone, which was pressing against the meatus. In the endeavour to pass a small lithotrite, the urethra gave way at the meatus and the rupture extended backwards for half an inch, so thin and weak had the urethra become by the constant pressure exerted on it by the stone. The rupture was therefore extended by a clean cut of a scalpel for another inch, which included the neck of the bladder, and the stone exposed, which was found tightly grasped by the bladder and perfectly fixed in position.

The attempt to crush the stone with a large lithotrite was not feasible, as there was no room in which the instrument could be worked. The stone was accordingly extracted by means of an ordinary lithotomy forceps, but this was accomplished with very great difficulty. Indeed, the bladder had to be peeled from the stone by means of a broad director, while an assistant made traction with the lithotomy forceps, so intimately united were the two. After extracting the calculus, which weighed 1140 grains, the bladder was washed out with an irrigator and the margins of the incision brought together with stout ligatures. The after-history of this case was as follows:—On June 4th the ligatures were in position; the wound looked healthy; and urine passed drop by drop. On the 8th one or two of the ligatures near the meatus had given way; the remainder of the incision co-apted well. On the 13th the greater part of the incision was well joined; there was some gaping near the meatus; the dribbling of urine was much less. On the 16th the patient had more control over the bladder; the anterior portion of the wound in the urethra was refreshed by the scalpel and new sutures were introduced. On the 19th the urine could be retained for two hours at a time. The patient, however, occasionally passed a small quantity of urine involuntarily. On the 22nd urine was passed voluntarily three times during the day and twice during the night. There was no dribbling of urine during the daytime, but sometimes a few drops of urine were passed in her sleep. The patient's health was much improved. On the 24th the urine could be retained for four hours at a time and was passed only twice during the night. The patient's husband, who accompanied her to the hospital, insisted on taking her home, as the monsoon had set in and he was obliged to look after his fields and the sowing of crops. The patient promised to return to the hospital in a month's time. As a matter of fact the woman never did return to the hospital for treatment, but there is little doubt that she ultimately regained perfect control over the bladder.

*Presented by Brigade-Surgeon Lt.-Col. D. F. Keegan, 1900.*

3949 c. A malleus with portion of the membrana tympani which has undergone calcification.

From a woman, æt. 27, who had suffered from otitis media, attended with suppuration, for some years; for several months the discharge had ceased. The deafness present was determined not to be due to disease of the internal ear. No improvement in the hearing followed the removal of the parts shown.

*Presented by R. Lake, Esq., 1900.*

**A 4069 f.** The head of a Pigeon, showing lesions characteristic of molluscum contagiosum, affecting the eyelids, margin of the external auditory meatus, and wattle. There were desquamating lesions on both feet.

*Presented by C. G. Seligmann, Esq., 1900.*

**4110 a.** A Partridge from the integuments over the thorax of which there projects a discoidal mass two and a half inches in diameter, of the kind shown in specimen No. 4110. The integument over its centre has been destroyed by sloughing so as to expose the brown inspissated and laminated mass filling the cyst. The whole is freely movable on the deeper structures.

The bird, which was well nourished, was shot in September, 1899.

*Presented by W. B. Tegetmeier, Esq., 1900.*

**4426 a.** An oval calculus about an inch and a half in chief diameter, which lay in a pouch communicating by a wide mouth with the urethra.

From a man about 28 years of age, found dead in the wilderness near Aleppo. The calculus formed a prominent median swelling midway between the testicles and glans penis. It was extracted after incision. There was no rupture of the bladder and no distension of it, death having been apparently due to hunger and exposure.

*Presented by Dr. Samuel Shimavonian, Aleppo, Syria,  
through R. Harrison, Esq., 1900.*

**4489 b.** Half of a multilocular cystic tumour of the right ovary, about five inches in chief diameter. From the interior of some of the cysts there project small papillary formations.

From a widow, æt. 62, admitted to St. Thomas's Hospital under Dr. Cullingworth, March 1899. She had had three children, and one miscarriage. The growth of a tumour was noticed for twelve months and had been accompanied with occasional attacks of pain. The increase had been rapid during the last two weeks. At the operation, the other ovary was found similarly and almost equally enlarged, and was removed at the same time. Recovery was uninterrupted.

*Presented by St. Thomas's Hospital, 1900.*

**4540 E.** Portion of an ovary, considerably enlarged by the growth of a columnar-celled carcinoma. In connection with the growth a large amount of dense fibrous tissue has been formed ; in places this is undergoing mucous change.

From a lady, *aet.* 58, who was otherwise in good health. The tumour had developed within a period of fifteen months. The left ovary (which was healthy though small) was removed together with the diseased organ of the right side ; and the uterus (which was the seat of fibromyomatous tumours) was amputated by the supra-vaginal method. Death occurred two days afterwards, apparently from shock.

*Trans. Obstet. Soc. vol. xlvi. p. 34.*

*Presented by Dr. W. S. A. Griffith, 1900.*

**4572 A.** Two Fallopian tubes, distended into pyriform cysts. Each presents a sharp angular curvature, on the proximal or uterine side of which the dilatation is comparatively slight. A bristle has been passed through the divided uterine end of the lower. From the outer surface of each enlargement there projects a simple subserous cyst.

From a woman, *aet.* 22, married four years. There was a history of two miscarriages, the last of which occurred four months before the date of the operation. For six months the patient had suffered from severe pain in the left iliac fossa ; clots were passed freely at the menstrual periods. On examination a tender cystic swelling was detected in each lateral fornix. At the operation a small portion of the left ovary was purposely left behind. The left tube was firmly bound down by old adhesions.

*Presented by Alban Doran, Esq., 1900.*

**A 4590 A.** A uterus (wanting the lower portion of the cervix) together with the ovaries and Fallopian tubes and portion of a large fibroma which grew in the left broad ligament. The tumour weighed  $44\frac{1}{2}$  pounds (20 kilos).

The patient was a woman 28 years of age, whose last confinement had occurred six years before the operation. Shortly afterwards a tumour developed in the left iliac fossa, and three years later became impacted in the pelvis. Dr. Ward Cousins succeeded in pushing it back into the abdominal cavity ; this

gave great relief, but the new formation grew rapidly and albuminuria and anasarca appeared. The catamenia remained normal throughout. At the operation, in order to spare as much blood as possible, the vessels of the ovarian and round ligaments were ligatured proximally and distally; the tumour was enucleated after division of its capsule, without loss of blood. The cut edges of the capsule were drawn together with a purse-string suture, its cavity having been packed with iodoform gauze. The *serre-nœud* was left on the cervix, and lay separated by the capsule and its packing, from the peritoneal cavity. Though very weak for a few days, the patient did well. The packing was removed in forty-eight hours; the deep cavity soon shrank.

Alban Doran. Trans. Obstet. Soc. vol. xli. p. 172.

*Presented by Alban Doran, Esq., 1900.*

**4627 A.** Portion of a uterus, in the wall of which a large number of fibromyomatous tumours have grown: as many as nineteen may be counted in the divided surface, the central one of which occupies the dilated uterine cavity. *Presented by Dr. E. A. Neatby, 1900.*

**4630 A.** A vertical section of a uterus in the posterior wall of the cervix of which a large fibromyoma has grown. The cervix is considerably elongated, the portion shown measuring nearly three inches. There is a small intra-mural growth exposed in the body of the uterus, and a still smaller projects from the peritoneal surface.

The parts shown were removed from a single woman, aet. 42. The tumour was first noticed nearly two years before it was removed. It ultimately filled the whole of the lower part of the abdomen, reaching five inches above the umbilicus; inferiorly it descended far into Douglas's pouch; the external os lay high up behind the pubes. Uterine haemorrhages occurred nearly every fortnight, and greatly impaired the patient's health. The urine contained albumen; dysuria was frequent. The stump of the cervix was treated retro-peritoneally. Death took place within forty-eight hours with uræmic symptoms. At the autopsy the ureters were found dilated, and the kidneys cirrhotic.

*Presented by Alban Doran, Esq., 1900.*

**4672 H.** Portion of a large sarcomatous tumour of the uterus. Here and there the divided surface presents opaque white,

but not calcified, areas of different size, due to necrosis : elsewhere it is blotched of a rusty brown from previous haemorrhage. Histologically the growth is a round-celled sarcoma.

The parts were removed from a woman, aet. 69. Menstruation ceased at the age of fifty. She had had four children, the last of whom was born twenty-seven years before her admission into St. Thomas's Hospital. An abdominal swelling had been observed for many years, and for the last eight or nine this had given rise to some dragging pain, but beyond this there had been no serious discomfort. The tumour occupied both flanks and overhung the pubes : it was removed by Dr. Tate, May 16th, 1899, and found to have arisen from the uterus, the cervix of which was much stretched and lay beneath it. Death occurred from shock.

Judging from the long history of the disease, the sarcoma seems to have arisen in a tumour that had been once innocent and was probably a fibromyoma.

*Presented by St. Thomas's Hospital, 1900.*

**4672** I. The uteri of a Rabbit with the adjoining portion of the vagina ; a bristle has been passed through each cervix. The uteri are much enlarged, tortuous, and deformed by the growth of large nodular swellings, one uterus being considerably more diseased than the other. The enlargement is not uniform or continuous, but occurs in nodes with intervening constrictions. Some of the enlargements overhang their base, but all are smoothly covered with peritoneum. There are scarcely any areas of the uterine mucosa between the actual tumours that are not obviously abnormal, the membrane being papillary and cystic. Histologically the growth is a columnar-celled carcinoma, in many situations of the villous or papilliferous variety.

S. G. Shattock. *Trans. Path. Soc. vol. li. p. 56.*

*Presented by S. G. Shattock, Esq., 1900.*

**4675** B. An oval fibromyomatous tumour about two and a half inches in chief diameter which was removed from the vagina.

From a married woman, aet. 49, who had suffered for three years from a vaginal discharge and difficulty of menstruation. There

was some interference with defecation which the patient relieved by pressing the tumour upwards. On examination the growth was found in connection with the anterior wall of the vagina, producing displacement forwards of the urethra. Enucleation was readily effected after incision.

*Presented by Dr. F. J. McCann, 1900.*

**4695 L.** A Fallopian tube which has been distended in a tubal pregnancy into an oval sac three inches by two in its chief diameters. The cavity is lined with clot, more thickly at the poles than elsewhere. The internal surface of the clot has a smooth amniotic lining, the sac of which contains a well-developed foetus three quarters of an inch in length attached by a short swollen umbilical cord. The ovary, which is normal, lies below the dilated tube ; in the vicinity of this is a tortuous portion of the uninvolved uterine segment of the tube. The outer aspect of the dilatation presents a few delicate adhesions, but for the most part is smooth and overrun by a prominent plexus of vessels.

The parts were removed from a woman, æt. 24, married six years, with two children, of whom the youngest was over three and a half years of age. Menstruation was last noticed fourteen weeks before the tube was removed ; seven weeks later hypogastric pains set in, with a free show of dark blood which continued daily. A violent attack of pain with expulsion of a clot took place four days before the operation. The gravid tube lay in Douglas's pouch, behind and to the left of the uterus, displacing the latter with the left appendages upwards. Recovery was complete.

Alban Doran. *Trans. Obstet. Soc.* vol. xlvi. p. 134.

*Presented by Alban Doran, Esq., 1900.*

**4710 F.** A foetus which was removed by abdominal section from the right broad ligament, into the tissue of which it had escaped after the rupture of a pregnant tube.

The patient, æt. 34, became pregnant for the fifth time, after an interval of four years, in February 1899. Abdominal pains occurred early, diarrhoea caused trouble from July to the end of October, when labour pains and haemorrhage set in, followed by septic symptoms. The outline of a foetus could plainly be

felt through the parietes. On December 12th this was removed by abdominal section. It was very foetid, and had developed in the posterior layer of the right broad ligament. The sac was packed with gauze for a few days and then drained; the placenta came away in fragments. A faecal fistula formed and discharged for a few weeks. For six weeks the patient did very well, then symptoms of chronic obstruction with great emaciation set in, and she died in the ninth week after operation, flatus passing to the last. Several coils of small intestine had been dragged upon by the contraction of the sac, the adhesions involving several surfaces of mesentery; this condition seemed responsible for the emaciation, which was strongly marked in this case and unaccompanied with vomiting or distension.

The heart, which is preserved as No. A 2933, was atrophied so as to weigh only five ounces.

*Presented by Alban Doran, Esq., 1900.*

**A 4738.** Certain of the bones of a foetus of about the seventh month, which were passed by the rectum.

From a woman, aet. 43, whose illness began in August 1893 with violent pains. She was confined to her bed for five days; after a fortnight she got about, but this was followed by a second similar attack. After another fourteen days in bed improvement took place, but pain in the abdomen continued to cause trouble for seven months. During this time, a swelling was noticed to be forming in the right iliac region. Menstruation had ceased entirely. In July 1894 she was admitted into the Cumberland Infirmary suffering from what appeared to be chronic peritonitis and the presence of a large irregular mass in the right iliac region. There was very offensive diarrhoea, and much emaciation. Vaginal and rectal examination showed that the pelvis was blocked, but no diagnosis was made. In September the shaft of a foetal femur was passed *per rectum*. By January 1895 many bones had been similarly voided. On rectal examination a perforation was found on the right side, about 3 inches from the anus, through which the sharp edge of a flat bone could be felt. Under chloroform, several bones were removed from a cavity and irrigation employed; a few weeks later recovery had ensued.

The history pointed to a tubal pregnancy in the first place, rupture of the tube about the second or third month, escape of the foetus into the abdominal cavity, its subsequent growth, its death and disorganisation, and subsequent passage by the rectum.

*Trans. Obstet. Soc. vol. xli. pt. iii. p. 276.*

*Presented by Dr. H. A. Lediard.*

**4760 A.** A vertical section of a breast. About a third of an inch below the summit of the nipple is a cyst half an inch in diameter which is filled with a lobulated adenomatous growth attached by a slender pedicle to the wall of the cyst.

From a woman, æt. 35, who had noticed oozing of a clear fluid from the nipple in December 1899. The parts were removed in February 1900. No axillary glands were palpable.

*Presented by F. S. Eve, Esq., 1900.*

**4881, 4882, 4883, 4884.** Cases containing cultures of various micro-organisms pathogenic in the human subject.

The specimens have been rendered permanent by means of formalin vapour.

*Presented by S. G. Shattock, Esq., 1899.*

The drawings were made by Mr. G. T. Gwilliam, F.R.A.S., from microscopic specimens especially prepared for the series : the magnification is about 1000 times.

### STREPTOTRICOSIS.

**4885.** A longitudinal section of the anterior portion of the tongue of an ox affected with Actinomycosis.

The tongue was much enlarged, so that its end protruded from the mouth.

Its texture is for the most part much indurated from chronic inflammation, more particularly about the posterior fourth and along the lower border. Throughout the organ there are scattered nodular formations of granulation-tissue due to disseminated growths of the Streptothrix. The smallest of the granulomata are so minute as to be hardly visible ; the larger are spherical aggregates of lesser foci and reach or exceed the size of peas.

The disease is particularly advanced towards the posterior portion of the tongue ; here the new formations are parted by lines of dense fibrous tissue.

No suppuration appears to have taken place.

Path. Soc. Trans., vol. xxxvii. 1884, p. 591.

*Presented by A. Lingard, Esq.*

**4886.** A transverse section through the base of the tongue of an ox, showing the same disease in a more highly advanced condition. The muscular substance has been widely replaced by extensive formations of granulation-tissue which project high above the dorsum, in the form of coarse nodules or more extensive elevations.

The deeper lesions retain more or less of a spherical shape ; and about them, a considerable amount of fibrous tissue has been produced. A close inspection will disclose the presence of minute grains, *Streptothrix* colonies, distributed through the diseased foci.

**4887.** A slice from a human liver showing several spheroidal actinomycotic formations averaging about one and a half inches in diameter. Each of these admits of being resolved into a series of foci about a tenth of an inch in diameter, of pale yellow colour, separated by translucent fibrous tissue. In the vicinity of the chief or compound lesions there are here and there outlying foci, consisting like the rest of suppurating granulation-tissue ; embedded in this, are plainly discernible the small, more opaque grains or colonies of the *Streptothrix*.

C. Woodger, æt. 25, admitted, under the care of Mr. Makins, to St. Thomas's Hospital, Oct. 1896, complaining of nausea and vomiting, accompanied with continuous epigastric pain.

There was acute tenderness over the front of the right hip-joint, which became eventually more localised in the iliac fossa. A hard inflammatory swelling formed, apparently beneath the iliac fascia, and into this an incision was made above Poupart's ligament, granulation-tissue being scraped away from beneath the fascia named. The discharge shortly afterwards became faecal. A few weeks later the suppurating cavity was found on exploration to extend into the thigh and loin, and a counter-opening was made in the latter situation. Death took place about three months subsequently, from exhaustion. At the autopsy a thick-walled abscess was found in the right iliac fossa, which tracked along the psoas into the thigh ; the stump of the vermiiform appendix was dissected out from the anterior wall of the abscess, in the cavity of which there was a faecal concretion. No other organs than the appendix and liver were affected.

*Presented by St. Thomas's Hospital.*

4888. A slice from a human liver with portion of the lung. In the liver there is a large spheroidal actinomycotic formation, about four inches in chief diameter. Around this a zone of translucent fibrous tissue has been produced in the hepatic tissue; and septa of similar tissue traverse the formation in various directions. The lesion is extensively infiltrated with pus (rendered solid by formalin), suppuration having ensued around the colonies of the micro-organism.

The disease has extended through the diaphragm and involves the adjacent portion of the right lung.

From a man, æt. 22, a bricklayer, admitted into the Brompton Hospital Feb. 1899, under the care of Dr. Percy Kidd. Six months before admission the patient had an attack of diarrhoea and abdominal pain. He was ill for three weeks, and apparently made a good recovery. Three months later he suffered from pleurisy of the right side and was ill for six weeks, since which time, cough, expectoration, and shortness of breath supervened.

On admission a streptothrix showing clubs and mycelium was found in the expectoration: the clinical conditions present were right-sided pleurisy, and nephritis, œdema of the legs and feet, and enlargement of the spleen.

March 25: an abscess was opened by Mr. R. J. Godlee, over the right hip, in the dark brown pus from which actinomycetes colonies were discovered; no definite limits could be determined, but the abscess extended upwards towards the abdomen and not to the joint. March 26: the patient had a fit,—tremors of the left hand and foot, followed by unconsciousness. A second similar fit occurred two days later; death took place on April 10th. The temperature in general was about  $101^{\circ}$  in the evening, and varied from  $98^{\circ}$  to  $99^{\circ}$  in the morning; for the last four days of life it was subnormal.

*Presented by R. J. Godlee, Esq.*

4889. A slice from a foot (No. 4094) affected with a severe and advanced form of Mycetoma or Madura disease. The connective tissues in general are greatly swollen and traversed by coarse devious spaces which contain aggregations of the pale-yellow colonies of the Madura Streptothrix.

The various bones, with the exception of the astragalus, are riddled with similar canals.

From a Pariah, æt. 25, employed at work in swampy districts. The disease commenced as a large nodule on the sole, three inches

behind the bases of the second and third toes. The foot became swollen and remained so for nine years ; it then became the seat of burning pains, and was removed.

**4890.** The inner portion of the same foot viewed externally, showing the openings of many sinuses which lead into the deep tissues.

**4891.** Portions of the scaphoid and internal cuneiform bones from the same foot, showing more particularly the canals traversing the osseous substance, which are thinly lined with connective tissue and hold the *Streptothrix* colonies.

**4892.** A collection of the granular aggregations of *Streptothrix* colonies, from the same foot.

#### MADURA DISEASE ; BLACK VARIETY.

**4893.** Half of a Madura foot exhibiting the "Black variety" of the disease. The calcaneum has been completely, and the adjacent bones in large part, destroyed, the carious cavities being filled with coarse masses of a deep brown or blackish material. Even in the tibia there are many similar though smaller foci ; the ankle-joint is ankylosed by fibrous tissue after the same destruction which many of the tarsal articulations have undergone. On the outer aspect of the foot there are the openings of many sinuses which lead into the swollen tissues ; the most anterior elevations have undergone cicatrisation.

*College Stores, 1899.*

#### ACUTE SUPPURATION.

**4894.** Portion of the back of a rabbit into the muscles of which 1.5 cubic centimetres of a living broth-culture of 36 hours age, of *Staphylococcus pyogenes aureus*, were injected. No sloughing of the integuments occurred.

The animal was killed with chloroform nine days after the experiment, at which date there was a fluctuating

swelling at the site of the injection. The internal organs showed no lesions. The pus was rendered solid before section by means of formalin.

*Presented by S. G. Shattock, Esq., 1898.*

**A 4895.** Portion of the lung of a child who died of pyæmia. Scattered at the surface and in its substance are numerous miliary abscesses due to secondary infection.

The patient was admitted with diarrhœa, a rash on the body, and with the history that an abscess had burst into the mouth. After death pyæmic abscesses were found, also, in the skin and kidneys: the pericardium was the seat of acute inflammation.

*Presented by St. Thomas's Hospital, 1900.*

**4895.** Portion of the anterior abdominal wall of a guinea-pig showing a circumscribed abscess beneath the skin, which followed the subcutaneous injection of 1 c.c. of a 36 hours living broth-culture of the colon bacillus (Escherich's strain). The animal was killed with chloroform, six days after the experiment, and showed no internal lesions.

The pus was rendered solid by means of formalin before the abscess was divided.

*Presented by S. G. Shattock, Esq., 1898.*

## GONORRHœA.

**4896.** A longitudinal section of an ovary and Fallopian tube, the former being enlarged from the presence of a cyst. The tube is much distended and thrown into sharp folds by an accumulation of pus due to acute inflammation arising in the course of gonorrhœal infection.

The pus was rendered solid by means of formalin before the section was made.

The opposite tube, which was similarly affected, was also removed, the ovary of that side, however, being left.

From an unmarried girl, æt. 18, admitted into St. Thomas's Hospital Nov. 1897, under the care of Dr. Cullingworth. Ten days previously she had a severe attack of pain at the commencement of menstruation; the pain was continuous and increased on

micturition. Three days after the onset of the pain she noticed swelling in the lower part of the abdomen. Examination showed the presence of slight muco-purulent discharge, but none from the urethra or vulvo-vaginal ducts. At the operation a quantity of clear serous fluid escaped on opening the peritoneal cavity. There were some firm adhesions around the diseased appendages on both sides.

*Presented by St. Thomas's Hospital.*

### ANTHRAX.

**4897.** An anthrax "pustule" which was successfully removed by operation. The infective process has led to an ill-defined but prominent œdematosus elevation into which hæmorrhage has occurred in many situations.

Externally the hæmorrhage has produced a visible discolouration of the skin over the summit of the swelling.

The cuticle has been partly detached by vesiculation.

The parts were successfully removed from a man, aet. 36, a horse-keeper, who was employed in skinning a bullock (supposed to be healthy) on Feb. 28, 1899.

On March 3rd he received a prick from a hedge-thorn on his cheek, and another on the right forearm: both wounds bled. On March 5th he struck off the scab from his cheek, and shortly afterwards noticed a "pimple" at the spot, which enlarged and became painful.

He was admitted under Mr. J. Berry to the Royal Free Hospital on March 13th, suffering with a typical anthrax pustule on the right cheek, the size of a shilling, and a second smaller one on the right forearm. Anthrax bacilli were found on bacteriological examination. The submaxillary lymphatic glands were enlarged; the temperature was not raised, nor did the patient look or feel ill. Both the pustules were freely excised, skin-grafting being adopted in the case of the cheek.

Another man who was helping the patient on the occasion referred to, was in the hospital at the same time with an anthrax pustule on one of the arms.

*Presented by the Royal Free Hospital, 1899.*

**4898.** Portions of the abdominal wall from two rabbits, together with the spleens of the same animals.

Into the subcutaneous tissue of the abdominal wall of the white rabbit an injection of .75 cubic centimetre of a

living broth-culture of anthrax bacillus, of 20 hours' growth, was made. Death occurred 48 hours afterwards.

Into the subcutaneous tissue of the grey, 25 c.c. of a similar culture was injected. Death followed in 60 hours.

In each of the specimens there is a highly pronounced degree of œdema about the site of inoculation, and in one a certain amount of haemorrhage.

The spleen in both instances is somewhat enlarged.

*Presented by S. G. Shattock, Esq., 1897.*

#### BUBONIC PLAGUE.

**4899.** A guinea-pig which was experimentally infected with plague by the subcutaneous injection into the anterior abdominal wall of 2 c.c. of a living broth-culture, of four days' growth, of the plague bacillus ; the animal was killed with chloroform five days afterwards. The culture used was from a strain which had been recently passed through a guinea-pig by intra-peritoneal injection in order to raise its virulence ; the original was obtained from a Lascar admitted into the Seamen's Hospital, Albert Dock, from a P. & O. steamer arriving from Bombay, the bacteriological diagnosis being made by Dr. R. T. Hewlett.

At the site of inoculation there is a necrosed and suppurating lesion the contents of which are exposed through a small ulcer of the skin. The inguinal lymphatic glands are much enlarged. There are a few metastatic foci in the spleen, liver, and left lung.

*Presented by S. G. Shattock, Esq., 1897.*

**4900.** The posterior portion of a guinea-pig into the subcutaneous tissue of the abdominal wall of which 3 cubic centimetres of a four days old living broth-culture of plague bacillus were injected. The inoculation was made on August 4th, 1897, and the animal killed with chloroform on August 18th, being at that time moribund.

At the site of injection there is a discharging necrotic lesion as in the preceding preparation, and a bubo in the

left inguinal region ; the inguinal glands of the right side were neither enlarged nor congested.

The spleen is much increased in size and studded with necrotic foci about a tenth of an inch in diameter.

A portion shown of one of the lungs presents an area of pneumonic consolidation.

There were other affected areas in the lungs, and small necrotic foci in the liver.

*Presented by S. G. Shattock, Esq., 1897.*

**4901.** A group of lymphatic glands from a case of bubonic plague.

All are considerably enlarged, and many of a deep red colour from haemorrhage.

From a fatal case of plague occurring in a native at the Hubli Plague Hospital, in the Bombay Presidency, during the epidemic of 1898.

*Presented by St. Bartholomew's Hospital, 1899.*

**4902.** Portion of a lung from a case of plague, the source being the same as the preceding.

The organ presents many areas of pale pneumonic consolidation, which microscopically show little catarrhal change, but a close filling of the alveoli with leucocytes.

*Presented by St. Bartholomew's Hospital, 1899.*

**4903.** Portion of a diaphragm of which the vessels are much congested and in which many small peritoneal haemorrhages have occurred.

From a case of plague from the same source as the two preceding preparations. All the specimens were from material presented to St. Bartholomew's Hospital by Surgeon-Captain B. H. F. Leumann of the Indian Medical Service. The chief lesions present were haemorrhagic with little else abnormal. Microscopic examination revealed streptococci in some instances associated with the bacillus pestis, indicating a secondary and mixed infection.

*Presented by St. Bartholomew's Hospital, 1899.*

## GLANDERS.

**4904.** Portion of the lung of a glandered horse showing an early stage of secondary infection. In the cut surface may be seen a certain number of hæmorrhagic areas, the largest about a quarter of an inch in diameter, in the centre of each of which is a pale yellow area of necrosed tissue.

*Presented by Prof. J. McFadyean,  
Royal Veterinary College, 1898.*

**4905.** A white mouse (male) into the subcutaneous tissue of the right side of the abdominal wall of which there was injected .5 c.c. of a suspension in sterilised water of a living potato culture of the glanders bacillus; the growth was of forty-eight hours age, and was itself the fourth remove from an original raised from a glandered horse.

Death occurred 20 days after the injection. At the site of injection there is a circular ulcer. The spleen is much enlarged and studded with many glanderous nodules. Neither the testicles nor other organs are affected. In the upper part of the liver is a cyst containing the protænia form of *Taenia crassicollis* found in the cat.

**4906.** A white mouse (male) showing similar results due to the subcutaneous injection of .5 cubic centimetre of a suspension in sterilised water of a 48-hours incubated, living potato culture of glanders bacillus.

Death occurred on the 24th day. There is an ulcer in the integuments of the anterior abdominal wall (mounted below the preparation); but with the exception of the spleen, neither the testes, liver, nor other viscera presented lesions. The spleen is much enlarged, and at its lower end is the seat of a series of glanders nodules, the organ being here adherent to the abdominal wall, the intestine, and left testicle.

S. G. Shattock. *Path. Soc. Trans.* vol. xlix.

*Presented by S. G. Shattock, Esq., 1898.*

**4907.** The posterior portion of a guinea-pig (male) into the subcutaneous tissue of the anterior abdominal wall of which two cubic centimetres of a suspension in sterilised water of an incubated living culture of glanders bacillus were injected ; the culture was made upon potato, and was of 48 hours' growth. Death took place twenty-five days afterwards.

There is an ulcer at the site of injection as in the preceding specimens. The tissues of the scrotum are highly congested and present many suppurating foci. There are several necrotic suppurating foci in the fat above the right testicle, and one such focus in the left.

The inguinal glands on the left side present similar changes. There were a few small lesions in the spleen and lungs, and others in the liver.

*Presented by S. G. Shattock, Esq., 1898.*

**4907 A.** The posterior portion of a guinea-pig (male) into the subcutaneous tissue of the anterior abdominal wall of which one cubic centimetre of a suspension of glanders bacillus in sterilised water was injected. Death took place at the end of four weeks, a local swelling having formed which suppurated and was followed by ulceration. On each side, the inguinal glands are much enlarged and in process of suppuration. In the connective-tissue above the right testicle is a secondary necrotic and suppurating focus.

There is an abscess, moreover, on the right side of the tunica vaginalis, and another in the connective-tissue above the penis, the integument over which has been destroyed by ulceration, probably after direct infection from the discharge of the lesion in the abdominal wall. There were a certain number of small lesions in the viscera.

*Presented by S. G. Shattock, Esq., 1897.*

## TYPHOID.

**A 4908.** Portion of the small intestine from a man, æt. 31, who died on the twenty-first day of an attack of typhoid fever, showing the enlargement of certain of the solitary glands

and Peyer's patches arising from the bacillary infection. On most of the enlargements a central area has undergone necrosis, and is in process of detachment. The serum reaction was obtained during life, and the typhoid bacillus was grown from the spleen after death.

*Presented by St. Thomas's Hospital, 1900.*

### DIPHTHERIA.

4908. A guinea-pig into the subcutaneous tissue of the anterior abdominal wall of which one cubic centimetre of a living incubated broth-culture, 48 hours old, of the diphtheria bacillus was injected. Death took place within forty-eight hours. At the site of inoculation there is somewhat widespread local œdema and congestion of the vessels. The superficial inguinal glands have been dissected out, and though not obviously enlarged, are congested : the congestion affected the glands of both sides.

*Presented by S. G. Shattock, Esq., 1897.*

### TUBERCULOSIS.

4909. A section from the spleen of a horse, in which there are extensive formations of tubercle. The formations are made up of lesser granulomata in varying degrees of confluence, and of varying size ; some are considerably less than the miliary tubercles scattered over the viscera in the peritoneum. The new tissue is firm, grey, and somewhat translucent, and only in a few spots caseous ; in some of the giant-cells which it contains, a few tubercle bacilli could be demonstrated.

From a gelding, five years old. The site of infection was not determined.

*Presented by Prof. J. McFadyean,  
Royal Veterinary College, 1897.*

4910. Portion of a pig's liver throughout which there are thickly scattered tubercles in a stage of caseation, the largest being about a third of an inch in diameter.

The spleen, mesenteric glands, and lung were similarly diseased ; the infection arose by way of the intestine. Histological examination shows the presence of tubercle bacilli in the lesions, though in very small numbers.

*Presented by Prof. J. McFadyean,  
Royal Veterinary College, 1898.*

**4911.** The intestines and liver of a fowl. The liver is full of caseating foci of various sizes, the primary site of infection having been the intestine.

In two situations, in connection with the small intestine, there are shown caseating tubercular formations, opposite the centre of each of which the mucosa is ulcerated. There are a certain number of small tubercles scattered over the peritoneum. Microscopic examination revealed dense groups of tubercle bacilli in the caseous foci.

*Presented by W. B. Tegetmeier, Esq., 1898.*

**4912.** A slice taken from the tuberculous udder of a cow. Over a large area of the section the lobules of the gland are enlarged, confluent, and caseous from tubercular disease.

Scattered through the caseous material are minute whiter areas of calcification. Microscopic examination showed the presence of large numbers of tubercle bacilli in the caseating substance and the granulation-tissue.

*Presented by Prof. J. McFadyean,  
Royal Veterinary College, 1899.*

**4913.** Half of a testicle of which the arteries and veins have been injected (portion of spec. No. 4206). In the body of the organ there are many foci of firm, opaque, yellow caseous material. There is a similar mass in the upper part of the spermatic cord, but neither the vas nor epididymis are affected. The cavity of the tunica vaginalis is everywhere obliterated by inflammatory adhesion. Sections of the lesion in the cord present the ordinary histological signs of tubercle.

From a man, æt. 37, in whom the testis had been enlarging for three years before removal ; the cord had been affected for two

years. During this period effusion took place into the tunica vaginalis, which was twice tapped and then injected with iodine.

The patient had not contracted syphilis.

*Presented by John Hilton, Esq., 1865.*

**4914.** A guinea-pig into the subcutaneous tissue of the right thigh of which .5 c.c. of a suspension of tubercle bacilli in sterilised salt solution were injected.

The culture was raised on glycerinised potato from the lymphatic glands of a guinea-pig infected with the sputum of a phthisical patient, the animal dying in six weeks.

The guinea-pig shown was killed with chloroform 14 days after inoculation, at which date there was a firm local swelling at the site of injection, but no ulcer.

The preparation shows a small localised eminence beneath the skin at the seat of inoculation, and enlargement (from secondary tubercular infection) of the superficial and deep inguinal glands, as well as of the lower lumbar glands. The glandular enlargement is confined to the side of inoculation.

Neither the spleen nor other viscera are as yet involved.

*Presented by S. G. Shattock, Esq., 1898.*

**4915.** A guinea-pig, showing the results of a similar experiment made at the same date. The animal was killed with chloroform 21 days after the inoculation.

The same enlargement of the inguinal and lumbar lymphatic glands of the side corresponding with the subcutaneous injection (the right) has taken place; but in addition the spleen presents an early stage of disease in the form of miliary tubercles. The various other viscera are as yet intact. *Presented by S. G. Shattock, Esq., 1898.*

**4916.** A guinea-pig which was experimentally infected, at the same date as, and like, the preceding, by the subcutaneous injection of a pure culture of the tubercle bacillus into the right thigh.

The animal was killed with chloroform on the 34th day after inoculation.

A subcutaneous nodule, not ulcerated, has formed at the site of inoculation, and the inguinal, lumbar (and retro-hepatic) glands are enlarged. The infection of the spleen is more advanced than in the foregoing specimen, and the liver has, in addition, become involved ; but the lungs are as yet unaffected.

*Presented by S. G. Shattock, Esq., 1898.*

**4917.** A guinea-pig which was experimentally infected with tuberculosis, as in the three foregoing specimens ; the animal being killed on the 47th day. There is the same local swelling (the skin in this case being ulcerated for a small area over it) and enlargement of lymphatic glands as in the other preparations. The disease of the spleen has progressed considerably farther ; the liver is involved, but the kidneys are unaffected. In addition to this, the mediastinal and bronchial glands are considerably enlarged, and both the lungs present a few tubercular foci.

*Presented by S. G. Shattock, Esq., 1898.*

**4918.** Portion of the spleen of a calf showing a certain number of caseating nodules in the divided surface, due to tuberculosis which was congenital.

The calf when killed was one week old. The mother was killed about the same time. The lungs of the cow were tuberculous, but no other lesions were observed ; the uterus was not examined. The viscera of the calf in which tubercles were present, were the liver, spleen, kidneys and lungs ; the hepatic lymphatic glands were enlarged so as to form a mass about the size of a small hen's egg, and their substance was mottled with caseous streaks ; the bronchial and mediastinal glands were also tuberculous, as were likewise one renal lymphatic gland, a few of the mesenteric, the right and left popliteal, and one of the pre-pectoral group. The heart, pleura, peritoneum, and the axillary, pharyngeal, and pre-crural lymphatic glands appeared healthy. The numbers of tubercle bacilli in the lesions were few.

Prof. J. McFadyean. Path. Soc. Trans., vol. 1. p. 270.

*Presented by Prof. J. McFadyean,  
Royal Veterinary College, 1899.*

## LEPROSY.

4919. A vertical section of the tongue, larynx, etc., from a case of leprosy.

The mucous membrane of the dorsum of the tongue presents many close-set rounded elevations or leprous nodules. The tonsil is enlarged and indurated ; the larynx is, moreover, involved in the disease, the whole of the laryngeal mucosa being swollen and indurated. The glottis was much reduced in size.

Many lymphatic glands, enlarged from secondary infection (and in which microscopic examination shows large numbers of lepra bacilli), have been dissected out beneath the mylo-hyoid muscle.

From a woman who died asphyxiated.

*College Stores, 1898.*

## SYPHILIS.

4920. A slice of a testicle injected (taken from spec. No. 4202).

The body of the gland, which is considerably enlarged, is for the most part replaced by a firm, opaque, yellow caseous material. At one spot the tunics are adherent. The epididymis and vas deferens were unaffected ; a bristle has been inserted into the lumen of a portion of the latter tube.

From a sailor in whom both testicles had been enlarged for three years. After the left was removed, the right regained its normal size. Microscopic examination shows no histological evidences of tuberculosis in the active margin of the caseous foci, and the disease must be regarded as syphilitic although the patient presented no other marks of syphilis.

*Presented by T. Blizzard Curling, Esq., 1869.*

4921. Portion of the liver of a young man who was the subject of congenital syphilis. The organ was the seat of large and numerous gummatous, the more opaque and whiter parts of which represent areas in which calcification of the necrotic tissue has occurred.

From a young man, aet. 16, admitted into St. Thomas's Hospital Nov. 1897, under the care of Dr. H. P. Hawkins. At the age of nine years he had suffered from some affection of the eyes associated with gradual loss of vision and the appearance of hard swellings in the parietal and frontal regions. On admission, the right eye was hazy from interstitial keratitis; the liver was enlarged and nodular, and there was moreover enlargement of the spleen. Death took place from pneumonia. After death the lower lobe of the left lung was found solidified; the liver was greatly deformed from the presence of large gummata, and in addition was much indurated; the spleen was enlarged and firm.

*Presented by St. Thomas's Hospital, 1899.*

**4922.** Two tibiæ, showing the results of syphilitic infection as it affects osteogenic tissues.

In one there is a prominent localised formation of new bone, or periosteal node, limited to a comparatively small area on the middle of the internal and outer walls of the bone. There are in addition thin layers of new osseous tissue over nearly the whole of the outer and inner aspects. The thinner formations are longitudinally grooved by the periosteal vessels.

(Transferred from No. 1176.)

The second specimen, the outer half of a left tibia, shows a similar node in section. The bone composing it has become as dense as the subjacent compact wall of the shaft with which it is inseparably continuous, and which it surrounds, though least thickly posteriorly.

(Half of specimen No. 1176 A.)

**4923.** A tibia with a similar but more extensive node involving the middle third of the bone. The new formation is most prominent on the inner, subcutaneous surface, less so on the outer, and least on the posterior aspect.

(Transferred from No. 1177.)

The outer half of a tibia of which the shaft is enlarged and mis-shapen from chronic periostitis associated, as the section shows, with diffuse inflammation of the proper substance of the shaft. The compact wall is in places

rarefied, whilst the medullary canal is filled with new osseous tissue which has in parts become sclerosed, and is indistinguishable from the tissue of the shaft and the bone formed upon it.

(Half of specimen No. 1233.)

**4924.** Half of the humerus of a syphilitic infant three and a half months of age. For its lower two-thirds the shaft is increased in size by a formation of cancellated new bone arising from a diffuse inflammation of the periosteum. The shaft itself has been to a certain extent rarefied from participation in the inflammatory process.

(Other of the long bones are preserved as No. 722.)

*Presented by M. Jules Parrot, 1880.*

#### HYDROPHOBIA.

**4925.** The stomach of a rabbit showing numerous haemorrhages arising from the experimental inoculation of the animal with rabies, for diagnostic purposes.

The inoculation was carried out by the injection of an emulsion of the fresh medulla of a dog, supposed to have died of rabies, into the subdural space, the vertex of the skull being first trephined. The animal was inoculated on Sept. 9th, 1897, became paralysed on Sept. 20th, and died on Sept. 30th.

*Presented by Prof. J. Rose Bradford, F.R.S.,  
The Brown Institution, 1898.*

#### PSOROSPERMOSIS.

**4926.** Portion of a ureter the inner surface of which is thickly studded with closely grouped prominent cysts the size of millet-seeds and of yellowish colour. The ureters (which were two in number) of the opposite kidney were similarly diseased. (These are preserved as spec. 3644 D.)

Microscopic examination of the cyst-contents showed the presence of psorospermia. No cysts were found in the kidneys themselves.

From a woman, æt. 51, who enjoyed good health until suddenly attacked with haematuria; the latter was continuous, and was succeeded by very frequent and painful micturition. Death took place thirteen days after the beginning of her illness.

F. S. Eve, Path. Soc. Trans., vol. xl. 1889, p. 444.

*Presented by J. A. Jones, Esq., 1889.*

### TSETSE-FLY DISEASE OR NAGANA.

**4927.** A white rat which was experimentally infected with the haematozoon of Tsetse-fly disease or Nagana. The inoculation was the first made, with positive results, upon the rat, with the blood of an infected bird (*Falco tinnunculus*; Kestrel). The site of injection was the subcutaneous tissue of the right thigh. The lymphatic glands of the corresponding side, both inguinal and lumbar, are obviously enlarged, though there is some degree of glandular enlargement in general. The most notable lesion, however, is the increase of the spleen, which has a length of 4·5 cm.

*Presented by Dr. H. E. Durham, 1899.*

### TERATOLOGY.

**79 A.** The skeleton of a duplicated foal, the individuals being fused by the thorax. The cavity of the thorax is single, but provided with two widely-separated sterna, and with each of these there articulate the ribs of one side of the thorax of each individual. Below the thorax the trunk and hind limbs are distinct; and above, the cervical portion of each spine carries a perfectly developed head. The present position of the heads is due to rotation; naturally they would face one another.

Of fore limbs there are but three. Two of these are fully developed; the third is somewhat diminutive and occupies a median position with respect to the fused thoracic walls of that side on which it lies. The forearm is represented by a stunted irregular formation of bone, which distally bears a carpus and a small but perfect metacarpus.

*Presented by Sir Walter Gilbey, 1900.*

**79 B.** The tracheæ, etc. of the foregoing specimen dissected. There is but a single œsophagus (right) which terminated below in a normal stomach. Superiorly this opens some distance beneath the proper level of the larynx into a single capacious tube, of which the anterior portion is furnished with cartilages and represents trachea below and larynx above. There is a similar absence of septum on the other side, but on this the lower segment of the œsophagus is absent. The lower completed portions of the trachea fuse into a common canal, subdividing inferiorly to supply the lungs, which were more lobed than normal. The heart (single) and great vessels presented nothing abnormal. The liver (single) was unnaturally voluminous, and furnished with a single bile-duct and single ductus venosus. The urinary systems, like the external genitalia (female), were distinct from one another and normally developed.

*Presented by Sir Walter Gilbey, 1900.*

**A 92.** A young Pheasant, showing complete duplication of the posterior extremities. The hindermost pair of limbs are slightly less well developed than the other.

*Presented by W. B. Tegetmeier, Esq., 1900.*

**A 426.** The feet of a Duck (*Anas boscas*), showing a congenital absence of web.

The bird was a white duck of a mixed breed of the Aylesbury and Pekin strains, and was bred at Laleham-on-Thames in Surrey. It was able to swim, but not well.

E. A. Saunders. *Trans. Path. Soc. vol. li.*

*Presented by Dr. E. A. Saunders, 1900.*

**481 A.** The inner half of a right foot exhibiting the condition known as Pes cavus. As judged by the displacement of the scaphoid and anterior part of the foot, the malposition is accompanied with considerable adduction.

The part was removed by amputation, from a man, æt. 42, admitted under the care of Mr. W. H. Battle, for the deformity of the foot and a perforating ulcer which had existed for two

years. The patient had been paralysed in the upper and lower extremities since a fall which he sustained eleven years previously.

*Presented by St. Thomas's Hospital, 1900.*

**853** A. An Apple (*Pyrus malus*), showing the condition of syn-carpous duplication, but in which one of the fruits is diminutive and devoid of seeds.

*Presented by Mr. I. Hinde, 1900.*

**863** B. The endocarp of a Walnut (*Juglans regia*) which has four valves.

**863** C. The seed from the preceding, showing a corresponding division into lobes. *Presented by Dr. R. Cory, 1900.*

**863** D. The endocarp of an Almond (*Prunus amygdalus*), showing an unequal duplication associated with fusion (syncarpy).

*Presented by Mr. H. George, 1900.*

## CALCULI.

**A 339.** Four biconvex calculi about an inch and a half in diameter, of almost pure uric acid, which were removed by supra-pubic cystotomy from a man, aet. 55.

There was a history of increased frequency of micturition, with sudden stoppage of the stream, and pain at the root of the penis. A year before the operation, a calculus the size of a cherry-stone had been passed.

[In the rail cases of Calculi.]

*Presented by E. C. Stabb, Esq., 1900.*

**A c 47.** Half of a vesical calculus which was successfully removed by supra-pubic cystotomy. It presents two distinct and widely-separated nuclei, the entire mass consisting of two articulating calculi which have become conjoined by succeeding depositions around them. It lay with the incompletely formed calculus below, and was here firmly embraced by the bladder. The nuclei consist chemically of uric acid;

the body of crystalline ammonio-magnesium phosphate, with traces of uric acid.

[In the rail cases of Calculi.]

*Presented by Y. H. Mills, Esq., 1900.*

The following series of calculi (κ 2 to κ 125 inclusive) were presented by Brigade-Surgeon Lt.-Col. D. F. Keegan, I.M.S. Bengal, and illustrate the results of litholapaxy in subjects below the age of eighteen years ; the two youngest are each one year and three-quarters. The result in every case was successful. The analyses are those furnished by the donor.

1 year.

κ 2. From a patient 1 year, 9 months of age.

Uric acid. Weight 5 grains.

κ 3.  $\text{\AA}$ Et. 1 year, 9 months.

Uric acid. Wt. 5 grains.

2 years.

κ 4.  $\text{\AA}$ Et. 2 years.

Uric acid and oxalate of lime. Wt. 8 grs.

κ 5.  $\text{\AA}$ Et. 2 years, 2 months.

Uric acid and urate of ammonia. Wt. 10 grs.

κ 6.  $\text{\AA}$ Et. 2 years, 2 months.

Chiefly uric acid. Wt. 65 grains.

κ 7.  $\text{\AA}$ Et. 2 years, 3 months.

Uric acid. Wt. 4 grs.

κ 8.  $\text{\AA}$ Et. 2 years, 6 months.

Uric acid, oxalate of lime, with some phosphates.

Wt. 4 grs.

κ 9.  $\text{\AA}$ Et. 2 years, 6 months.

Oxalate of lime. Wt. 5 grs.

κ 10.  $\text{\AA}$ Et. 2 years, 6 months.

Uric acid. Wt. 11 grs.

κ 11.  $\text{\AA}$ Et. 2 years, 6 months.

Urates and phosphates. Wt. 65 grs.

κ 12.  $\text{\AA}$ Et. 2 years, 9 months.

Uric acid, thinly encrusted with phosphates. Wt. 16 grs.

K 13.  $\text{\AA}$ Et. 2 years, 9 months.

Uric acid. Wt. 24 grs.

K 14.  $\text{\AA}$ Et. 2 years, 9 months.

Uric acid. Wt. 31 grs.

*3 years.*

K 15.  $\text{\AA}$ Et. 3 years.

Uric acid. Wt. 2 grs.

K 16.  $\text{\AA}$ Et. 3 years.

Uric acid. Wt. 5 grs.

K 17.  $\text{\AA}$ Et. 3 years.

Uric acid, urate of ammonia, phosphates. Wt. 26 grs.

K 18.  $\text{\AA}$ Et. 3 years.

Uric acid. Wt. 49 grs.

K 19.  $\text{\AA}$ Et. 3 years.

Uric acid. Wt. 70 grs.

K 20.  $\text{\AA}$ Et. 3 yrs.

Uric acid. Wt. 104 grs.

K 21.  $\text{\AA}$ Et. 3 years.

Nucleus of oxalate of lime, succeeded by phosphates.

Wt. 183 grs.

K 22.  $\text{\AA}$ Et. 3 years, 3 months.

Uric acid, oxalate of lime. Wt. 33 grs.

K 23.  $\text{\AA}$ Et. 3 years, 3 months.

Uric acid, oxalate of lime. Wt. 11 grs.

K 24.  $\text{\AA}$ Et. 3 years, 3 months.

Uric acid, oxalate of lime. Wt. 90 grs.

K 25.  $\text{\AA}$ Et. 3 years, 6 months.

Oxalate of lime. Wt. 19 grs.

K 26.  $\text{\AA}$ Et. 3 years, 9 months.

Uric acid, phosphates. Wt. 50 grs.

K 27.  $\text{\AA}$ Et. 3 years, 10 months.

Oxalate of lime. Wt. 30 grs.

K 28.  $\text{\AA}$ Et. 2 years, 10 months. Wt. 75 grs.

*4 years.*

K 29.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, urates. Wt. 8 grs.

K 30.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, urates. Wt. 12 grs.

K 31.  $\text{\AA}$ Et. 4 years.

Oxalate of lime. Wt. 12 grs.

K 32.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, phosphates. Wt. 25 grs.

K 33.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, followed by phosphates. Wt. 26 grs.

K 34.  $\text{\AA}$ Et. 4 years.

Uric acid and phosphates. Wt. 17 grs.

K 35.  $\text{\AA}$ Et. 4 years.

Uric acid. Wt. 55 grs.

K 36.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, followed by phosphates. Wt. 27 grs.

K 37.  $\text{\AA}$ Et. 4 years.

Uric acid. Wt. 38 grs.

K 38.  $\text{\AA}$ Et. 4 years.

Uric acid, oxalate of lime. Wt. 38 grs.

K 39.  $\text{\AA}$ Et. 4 years.

Uric acid, urate of ammonia, phosphates. Wt. 53 grs.

K 40.  $\text{\AA}$ Et. 4 years. Wt. 78 grs.

K 41.  $\text{\AA}$ Et. 4 years.

Oxalate of lime, urates. Wt. 65 grs.

K 42.  $\text{\AA}$ Et. 4 years (female). Wt. 160 grs.

K 43.  $\text{\AA}$ Et. 4 years, 6 months.

Oxalate of lime. Wt. 20 grs.

K 44.  $\text{\AA}$ Et. 4 years, 9 months.

Uric acid. Wt. 118 grs.

K 45.  $\text{\AA}$ Et. 4 years, 10 months.

Oxalate of lime, with phosphates. Wt. 43 grs.

5 years.

K 46.  $\text{\AA}$ Et. 5 years.

Uric acid. Wt. 23 grs.

K 47.  $\text{\AA}$ Et. 5 years.

Oxalate of lime nucleus, uric acid. Wt. 37 grs.

K 48.  $\text{\AA}$ Et. 5 years.

Oxalate of lime. Wt. 57 grs.

K 49.  $\text{\AA}$ Et. 5 years.  
Urates, phosphates. Wt. 50 grs.

K 50.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime, urates. Wt. 45 grs.

K 51.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime, uric acid. Wt. 41 grs.

K 52.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime. Wt. 78 grs.

K 53.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime, uric acid. Wt. 84 grs.

K 54.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime, uric acid, phosphates. Wt. 117 grs.

K 55.  $\text{\AA}$ Et. 5 years.  
Oxalate of lime, with small quantity of phosphate.  
Wt. 130 grs.

K 56.  $\text{\AA}$ Et. 5 years.  
Phosphate of lime. Wt. 140 grs.

K 57.  $\text{\AA}$ Et. 5 years, 3 months.  
Oxalate of lime. Wt. 30 grs.

K 58.  $\text{\AA}$ Et. 5 years, 6 months.  
Uric acid. Wt. 30 grs.

6 years.

K 59.  $\text{\AA}$ Et. 6 years.  
Oxalate of lime. Wt. 3 grs.

K 60.  $\text{\AA}$ Et. 6 years.  
Oxalate of lime, uric acid, phosphates. Wt. 23 grs.

K 61.  $\text{\AA}$ Et. 6 years.  
Urate of ammonia, phosphates. Wt. 20 grs.

K 62.  $\text{\AA}$ Et. 6 years.  
Uric acid, phosphates. Wt. 54 grs.

K 63.  $\text{\AA}$ Et. 6 years.  
Oxalate of lime, uric acid. Wt. 85 grs.

K 64.  $\text{\AA}$ Et. 6 years.  
Urate of ammonia, phosphate of lime. Wt. 55 grs.

K 65.  $\text{\AA}$ Et. 6 years.  
Oxalate of lime, uric acid, phosphates. Wt. 75 grs.

K 66.  $\text{\AA}$ Et. 6 years.  
Oxalate of lime, uric acid. Wt. 105 grs.

**K 67.**  $\text{\textcircumflex Et.}$  6 years.

Oxalate of lime, urates, phosphates. Wt. 75 grs.

**K 68.**  $\text{\textcircumflex Et.}$  6 years.

Oxalate of lime, urates, phosphates. Wt. 110 grs.

**K 69.**  $\text{\textcircumflex Et.}$  6 years.

Oxalate of lime, uric acid. Wt. 210 grs.

**K 70.**  $\text{\textcircumflex Et.}$  6 years, 6 months.

Uric acid, phosphate. Wt. 14 years.

*7 years.*

**K 71.**  $\text{\textcircumflex Et.}$  7 years.

Oxalate of lime, urates, phosphates. Wt. 65 grs.

**K 72.**  $\text{\textcircumflex Et.}$  7 years.

Oxalate of lime, phosphates. Wt. 57 grs.

**K 73.**  $\text{\textcircumflex Et.}$  7 years.

Oxalate of lime. Wt. 140 grs.

**K 74.**  $\text{\textcircumflex Et.}$  7 years.

Uric acid, phosphate. Wt. 160 grs.

**K 75.**  $\text{\textcircumflex Et.}$  7 years.

Oxalate of lime, urates, phosphate. Wt. 105 grs.

**K 76.**  $\text{\textcircumflex Et.}$  7 years.

Uric acid, phosphate. Wt. 188 grs.

**K 77.**  $\text{\textcircumflex Et.}$  7 years.

Phosphates. Wt. 225 grs.

**K 78.**  $\text{\textcircumflex Et.}$  7 years.

Oxalate of lime, urates, phosphate. Wt. 254 grs.

**K 79.**  $\text{\textcircumflex Et.}$  7 years, 6 months.

Uric acid. Wt. 2 grs.

**K 80.**  $\text{\textcircumflex Et.}$  7 years, 6 months.

Oxalate of lime, uric acid. Wt. 30 grs.

*8 years.*

**K 81.**  $\text{\textcircumflex Et.}$  8 years.

Oxalate of lime. Wt. 4 grs.

**K 82.**  $\text{\textcircumflex Et.}$  8 years.

Uric acid. Wt. 16 grs.

**K 83.**  $\text{\textcircumflex Et.}$  8 years.

Oxalate of lime. Wt. 28 grs.

K 84.  $\text{\AA}$ Et. 8 years.

Phosphate. Wt. 72 grs.

K 85.  $\text{\AA}$ Et. 8 years.

Urates. Wt. 54 grs.

K 86.  $\text{\AA}$ Et. 8 years.

Oxalate of lime, uric acid, phosphate. Wt. 87 grs.

K 87.  $\text{\AA}$ Et. 8 years.

Oxalate of lime. Wt. 185 grs.

K 88.  $\text{\AA}$ Et. 8 years.

Phosphate. Wt. 285 grs.

*9 years.*

K 89.  $\text{\AA}$ Et. 9 years.

Uric acid, phosphate. Wt. 8 grs.

K 90.  $\text{\AA}$ Et. 9 years.

Uric acid. Wt. 90 grs.

K 91.  $\text{\AA}$ Et. 9 years.

Urates, phosphate of lime. Wt. 88 grs.

K 92.  $\text{\AA}$ Et. 9 years.

Oxalate of lime. Wt. 186 grs.

K 93.  $\text{\AA}$ Et. 9 years.

Oxalate of lime, uric acid, phosphate of lime.  
Wt. 535 grs.

K 94.  $\text{\AA}$ Et. 9 years, 6 months.

Oxalate of lime, phosphate. Wt. 168 grs.

*10 years.*

K 95.  $\text{\AA}$ Et. 10 years.

Oxalate of lime. Wt. 10 grs.

K 96.  $\text{\AA}$ Et. 10 years.

Oxalate of lime. Wt. 28 grs.

K 97.  $\text{\AA}$ Et. 10 years.

Oxalate of lime, urates, phosphate. Wt. 10 grs.

K 98.  $\text{\AA}$ Et. 10 years.

Oxalate of lime. Wt. 148 grs.

K 99.  $\text{\AA}$ Et. 10 years.

Uric acid. Wt. 170 grs.

K 100.  $\text{\AA}$ Et. 10 years.

Oxalate of lime, urates. Wt. 202 grs.

K 101.  $\mathcal{A}Et.$  10 years.

Oxalate of lime. Wt. 200 grs.

K 102.  $\mathcal{A}Et.$  10 years.

Oxalate of lime, phosphate. Wt. 275 grs.

K 103.  $\mathcal{A}Et.$  10 years.

Oxalate of lime, uric acid. Wt. 373 grs.

K 104.  $\mathcal{A}Et.$  10 years.

Urates, phosphate. Wt. 320 grs.

11 years.

K 105.  $\mathcal{A}Et.$  11 years.

Oxalate of lime. Wt. 32 grs.

K 106.  $\mathcal{A}Et.$  11 years.

Oxalate of lime. Wt. 28 grs.

K 107.  $\mathcal{A}Et.$  11 years.

Uric acid, phosphate. Wt. 91 grs.

K 108.  $\mathcal{A}Et.$  11 years.

Oxalate of lime, uric acid, phosphates. Wt. 134 grs.

K 109.  $\mathcal{A}Et.$  11 years.

Oxalate of lime. Wt. 230 grs.

K 110.  $\mathcal{A}Et.$  11 years.

Oxalate of lime. Wt. 308 grs.

12 years.

K 111.  $\mathcal{A}Et.$  12 years.

Urate of ammonia. Wt.  $\frac{1}{2}$  gr.

K 112.  $\mathcal{A}Et.$  12 years.

Oxalate of lime, urates, phosphate. Wt. 64 grs.

K 113.  $\mathcal{A}Et.$  12 years.

Phosphate. Wt. 240 grs.

13 years.

K 114.  $\mathcal{A}Et.$  13 years.

Phosphate. Wt. 120 grs.

K 115.  $\mathcal{A}Et.$  13 years.

Oxalate of lime, with phosphate. Wt. 122 grs.

K 116.  $\mathcal{A}Et.$  13 years.

Oxalate of lime, succeeded by phosphate. Wt. 240 grs.

**K 117.**  $\text{\AA}et.$  13 years.

Oxalate of lime, uric acid. Wt. 606 grs.

14 years.

**K 118.**  $\text{\AA}et.$  14 years.

Phosphate. Wt. 19 grs.

**K 119.**  $\text{\AA}et.$  14 years.

Uric acid. Wt. 248 grs.

**K 120.**  $\text{\AA}et.$  14 years.

Uric acid. Wt. 295 grs.

**K 121.**  $\text{\AA}et.$  14 years.

Urate of ammonia, uric acid. Wt. 353 grs.

16 years.

**K 122.**  $\text{\AA}et.$  16 years.

Uric acid, urate of ammonia. Wt. 372 grs.

**K 123.**  $\text{\AA}et.$  16 years.

Oxalate of lime, phosphate. Wt. 594 grs.

**K 124.**  $\text{\AA}et.$  16 years.

Oxalate of lime, phosphate. Wt. 700 grs.

17 years.

**K 125.**  $\text{\AA}et.$  17 years.

Oxalate of lime, phosphate. Wt. 474 grs.

[In the rail cases of Calculi.]

The following specimens of calculi subjected to litholapaxy [K 126 to K 131 inclusive] were presented by the same donor as the foregoing, and are from adults:—

**K 126.**  $\text{\AA}et.$  67 years.

Oxalate of lime. Wt. 1470 grs.

**K 127.**  $\text{\AA}et.$  55 years.

Uric acid. Wt. 1936 grs.

**K 128.**  $\text{\AA}et.$  30 years.

Oxalate of lime, phosphate, uric acid. Wt. 1660 grs.

**K 129.**  $\text{\AA}et.$  30 years.

Small nucleus of oxalate of lime, followed by phosphate. Wt. 2804 grs.

**K 130.** *Æt.* 26 years.

Oxalate of lime and uric acid, followed by phosphate.

Wt. 1968 grs.

**K 131.** A dense calculus of large size, which was crushed from the perineum, the fragments being removed through the perineal wound.

The calculus weighed ten ounces, and was crushed by a special lithotrite devised by Capt. H. Smith and the donor.

[In the rail cases of Calculi.]

#### INSTRUMENTS, Etc.

**R 68.** A native cane-shield used for the protection of a boil, or similar purpose.

Dyak, Borneo.

[In the collection of Surgical Instruments.]

*Presented by C. G. Seligmann, Esq., 1900.*

**R 69.** Native cane-splints, the smaller for the forearm, the larger for the upper arm or leg.

Kenyah tribe, Baram district, Sarawak.

[In the collection of Surgical Instruments.]

*Presented by C. G. Seligmann, Esq., 1900.*

**R 70.** A small bow of cane, with a captive arrow armed with a sharp fragment of glass, used for the relief of pain arising under various circumstances.

For the treatment of headache, a series of punctures, 20 or 30, are made between the eyes and along the forehead. The same method of local puncture is adopted for the relief of articular pain.

Bulaa. Rigo district, British New Guinea.

[In the collection of Surgical Instruments.]

*Presented by C. G. Seligmann, Esq., 1900.*

Z 1. A terra-cotta votive offering representing the male genital organs. Ancient Italian. The prepuce is long and projects considerably beyond the glans, the model being possibly intended to represent a condition of phimosis.

[For an account of such offerings, see an article by the donor, in the British Medical Journal, June 17th, 1899, p. 1501, where further references to this subject are given.]

[In the collection of Surgical Instruments.]

*Presented by C. L. Taylor, Esq., 1900.*









